

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS *CALIFORNIA* 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

California Data Comments

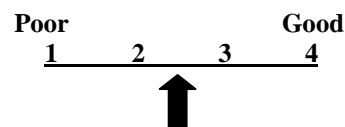
Restricted Benefits: Except in the case of dual eligibles, these tables do not distinguish beneficiaries with restricted benefit packages from those entitled to full Medicaid benefits. Approximately one million adult Medicaid beneficiaries in California in 1999 were only eligible for family planning benefits. Additionally, some undocumented children were only eligible for emergency services. Because these individuals did not qualify for coverage of most mental health services, rates of identified mental health beneficiaries among the adult and child FFS populations may appear low.

Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT crossover claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification. There were no known quality problems affecting primary diagnoses, the only ones used in these tables.

Excluded Services: Approximately 460,000 people received services while they were presumptively eligible, but no enrollment information for these months of eligibility was provided to MSIS. Since we excluded services provided during months where no enrollment was reported, these tables understate enrollment, utilization, and expenditures for these individuals.

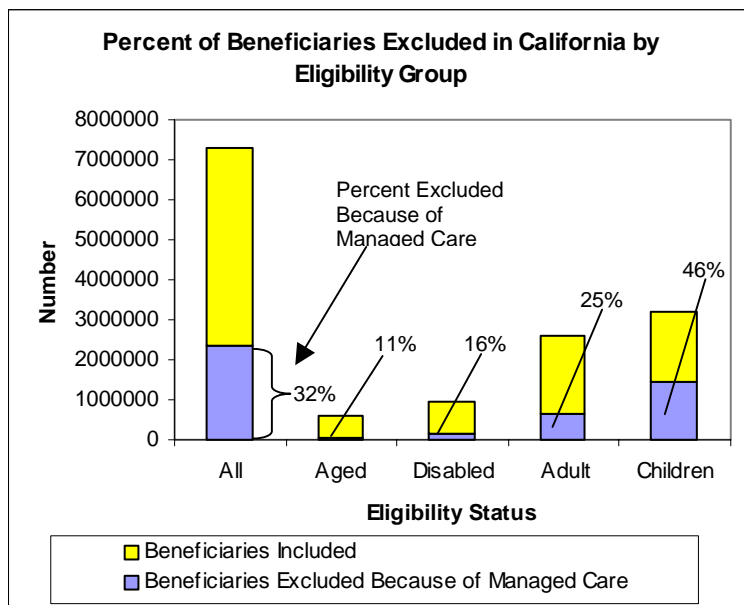
Race: Approximately 9 percent of enrollees are reported with unknown race.

CALIFORNIA DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. California's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
CALIFORNIA, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	7,288,627	100%	4,958,503	68%	\$15,443,341,584	100%	\$10,975,325,315	71%
Age								
0-3	853,902	12%	551,899	65%	\$895,566,001	6%	\$438,212,775	49%
4-5	413,388	6%	205,339	50%	\$401,864,585	3%	\$122,540,323	30%
6-12	1,216,904	17%	585,407	48%	\$1,379,943,019	9%	\$440,639,035	32%
13-18	882,653	12%	530,197	60%	\$1,071,514,800	7%	\$493,591,628	46%
19-21	465,280	6%	361,311	78%	\$512,716,318	3%	\$336,343,599	66%
22-44	2,116,040	29%	1,616,105	76%	\$4,018,004,556	26%	\$2,942,259,366	73%
45-64	602,150	8%	453,518	75%	\$3,048,469,460	20%	\$2,569,928,282	84%
65 and older	738,206	10%	654,628	89%	\$4,115,262,248	27%	\$3,631,809,767	88%
Gender								
Female	4,602,262	63%	3,249,225	71%	\$9,076,426,400	59%	\$6,522,330,536	72%
Male	2,686,363	37%	1,709,276	64%	\$6,366,914,165	41%	\$4,452,993,972	70%
Race								
White	1,947,889	27%	1,426,967	73%	\$6,657,930,756	43%	\$5,237,682,959	79%
Black	873,008	12%	446,264	51%	\$2,100,228,805	14%	\$1,368,397,088	65%
Hispanic	3,296,437	45%	2,286,446	69%	\$3,075,132,783	20%	\$1,647,163,751	54%
American Indian/Alaskan Native	32,130	0%	25,176	78%	\$39,799,740	0%	\$27,227,314	68%
Asian/Pacific Islander	516,284	7%	247,049	48%	\$684,344,998	4%	\$328,362,827	48%
Other/Unknown	622,879	9%	526,601	85%	\$2,885,904,502	19%	\$2,366,491,376	82%
Dual Status								
Aged Duals with Full Medicaid	636,724	9%	562,939	88%	\$3,759,262,361	24%	\$3,309,512,854	88%
Disabled Duals with Full Medicaid	233,065	3%	203,249	87%	\$1,912,542,426	12%	\$1,605,990,915	84%
Duals with Limited Medicaid	22,439	0%	22,301	99%	\$36,272,996	0%	\$30,177,560	83%
Other Duals	5,331	0%	3,526	66%	\$14,215,901	0%	\$10,125,952	71%
Disabled Non-Duals	545,991	7%	447,107	82%	\$4,350,450,480	28%	\$3,628,430,968	83%
All Other Non-Duals	5,845,077	80%	3,719,381	64%	\$5,370,597,420	35%	\$2,391,087,066	45%
Eligibility Group								
Aged	581,564	8%	514,835	89%	\$3,196,171,763	21%	\$2,819,894,035	88%
Disabled	927,029	13%	783,187	84%	\$7,127,732,477	46%	\$5,996,829,724	84%
Adults	2,596,515	36%	1,949,348	75%	\$2,169,210,194	14%	\$1,239,081,480	57%
Children	3,183,512	44%	1,711,126	54%	\$2,950,225,167	19%	\$919,518,093	31%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
CALIFORNIA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	4,958,503	310,504	6%	\$10,975,325,315	\$2,553,540,349	23%
Age						
0-3	551,899	2,675	0%	\$438,212,775	\$8,121,641	2%
4-5	205,339	5,255	3%	\$122,540,323	\$15,096,483	12%
6-12	585,407	40,788	7%	\$440,639,035	\$141,883,077	32%
13-18	530,197	37,982	7%	\$493,591,628	\$204,846,114	42%
19-21	361,311	8,205	2%	\$336,343,599	\$57,032,396	17%
22-44	1,616,105	101,153	6%	\$2,942,259,366	\$882,009,574	30%
45-64	453,518	85,022	19%	\$2,569,928,282	\$846,755,798	33%
65 and Older	654,628	29,424	4%	\$3,631,809,767	\$397,795,266	11%
Gender						
Female	3,249,225	168,505	5%	\$6,522,330,536	\$1,330,045,211	20%
Male	1,709,276	141,998	8%	\$4,452,993,972	\$1,223,494,331	27%
Race						
White	1,426,967	164,597	12%	\$5,237,682,959	\$1,419,210,186	27%
Black	446,264	43,216	10%	\$1,368,397,088	\$414,966,188	30%
Hispanic	2,286,446	32,893	1%	\$1,647,163,751	\$131,525,786	8%
American Indian/Alaskan Native	25,176	1,493	6%	\$27,227,314	\$5,135,609	19%
Asian/Pacific Islander	247,049	5,246	2%	\$328,362,827	\$28,999,416	9%
Other/Unknown	526,601	63,059	12%	\$2,366,491,376	\$553,703,164	23%
Dual Status						
Aged Duals with Full Medicaid	562,939	25,911	5%	\$3,309,512,854	\$348,064,681	11%
Disabled Duals with Full Medicaid	203,249	49,781	24%	\$1,605,990,915	\$485,036,109	30%
Duals with Limited Medicaid	22,301	1,150	5%	\$30,177,560	\$5,694,645	19%
Other Duals	3,526	444	13%	\$10,125,952	\$1,774,271	18%
Disabled Non-Duals	447,107	121,306	27%	\$3,628,430,968	\$1,341,466,792	37%
All Other Non-Duals	3,719,381	111,912	3%	\$2,391,087,066	\$371,503,851	16%
Eligibility Group						
Aged	514,835	18,579	4%	\$2,819,894,035	\$272,960,749	10%
Disabled	783,187	181,792	23%	\$5,996,829,724	\$1,938,044,809	32%
Adults	1,949,348	36,446	2%	\$1,239,081,480	\$102,113,020	8%
Children	1,711,126	73,687	4%	\$919,518,093	\$240,421,771	26%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
CALIFORNIA, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	57,757	19%	1,565	2%	51,480	28%	4,712	16%
Major depression and affective psychoses	67,987	22%	7,132	8%	53,203	29%	7,652	26%
Other psychoses	16,593	5%	1,800	2%	10,466	6%	4,327	15%
Childhood psychoses	2,800	1%	2,060	2%	679	0%	61	0%
Neurotic & other depressive disorders	72,139	23%	19,092	20%	46,042	25%	7,005	24%
Personality disorders	1,297	0%	296	0%	870	0%	131	0%
Other mental disorders	5,726	2%	898	1%	2,299	1%	2,529	9%
Special symptoms or syndromes	11,931	4%	3,712	4%	6,766	4%	1,453	5%
Stress & adjustment reactions	33,940	11%	20,784	22%	11,847	6%	1,309	4%
Conduct disorders	10,303	3%	8,138	9%	1,971	1%	194	1%
Emotional disturbances	8,606	3%	8,513	9%	78	0%	15	0%
Hyperkinetic syndrome	21,418	7%	20,912	22%	474	0%	32	0%
No Diagnosis	7	0%	3	0%	0	0%	4	0%
Total	310,504	100%	94,905	100%	186,175	100%	29,424	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
CALIFORNIA, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	6	7	6	1%	7	78	7%	8
	4-5	1	15	3	10	4	0%	11	66	3%	9
	6-12	28	73	340	15	357	2%	20	305	2%	10
	13-18	150	61	1,423	14	1,508	9%	19	1,101	7%	8
	19-21	7	12	342	12	346	8%	12	787	18%	7
	22-44	0	0	5,456	9	5,456	9%	9	6,824	12%	7
	45-64	0	0	4,109	10	4,109	8%	10	6,906	13%	8
	65+	7	182	1,386	3	1,393	7%	4	2,937	14%	5
	All Ages	193	65	13,065	9	13,179	8%	10	19,004	11%	7
Male	0-3	0	0	6	1	6	0%	1	125	8%	13
	4-5	2	7	29	11	31	1%	11	114	4%	9
	6-12	78	66	842	15	895	3%	20	534	2%	8
	13-18	180	85	1,490	14	1,599	7%	23	594	3%	10
	19-21	9	11	505	13	511	14%	13	236	6%	12
	22-44	0	0	6,898	9	6,898	16%	9	3,511	8%	9
	45-64	0	0	3,617	9	3,617	11%	9	4,498	13%	11
	65+	8	213	653	3	661	8%	5	1,396	16%	7
	All Ages	277	81	14,040	10	14,218	10%	11	11,008	8%	9
Total	0-3	0	0	12	4	12	0%	4	203	8%	11
	4-5	3	9	32	11	35	1%	11	180	3%	9
	6-12	106	68	1,182	15	1,252	3%	20	839	2%	8
	13-18	330	74	2,913	14	3,107	8%	21	1,695	4%	9
	19-21	16	12	847	12	857	10%	13	1,023	12%	8
	22-44	0	0	12,354	9	12,354	12%	9	10,335	10%	8
	45-64	0	0	7,726	9	7,726	9%	9	11,404	13%	9
	65+	15	199	2,039	3	2,054	7%	4	4,333	15%	6
	All Ages	470	74	27,105	10	27,397	9%	11	30,012	10%	8

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
CALIFORNIA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	472	40%	0.17	2.03	2.20	49,632	18%	1.69
	4-5	505	25%	0.03	1.68	1.72	12,618	13%	1.56
	6-12	3,203	22%	0.07	1.66	1.72	26,422	10%	1.51
	13-18	5,804	35%	0.20	2.02	2.22	24,638	8%	1.63
	19-21	2,098	47%	0.34	2.81	3.15	24,189	8%	1.74
	22-44	22,305	39%	0.32	3.14	3.46	101,935	8%	1.86
	45-64	15,659	31%	0.26	3.12	3.38	34,848	16%	2.25
	65+	1,152	6%	0.21	2.05	2.27	10,383	3%	1.79
	All Ages	51,198	30%	0.27	2.85	3.12	284,666	9%	1.80
Male	0-3	588	40%	0.11	2.06	2.17	59,205	21%	1.76
	4-5	920	29%	0.03	1.78	1.81	15,272	15%	1.57
	6-12	6,355	24%	0.06	1.66	1.72	30,548	11%	1.49
	13-18	6,603	31%	0.11	1.82	1.93	20,382	11%	1.52
	19-21	1,380	37%	0.39	2.15	2.53	7,531	11%	1.68
	22-44	11,531	27%	0.49	2.89	3.38	30,613	11%	2.09
	45-64	8,238	24%	0.32	3.29	3.61	24,598	16%	2.37
	65+	601	7%	0.13	2.28	2.41	6,111	3%	1.82
	All Ages	36,216	26%	0.28	2.49	2.77	194,260	12%	1.81
Total	0-3	1,060	40%	0.14	2.05	2.18	108,837	20%	1.73
	4-5	1,425	27%	0.03	1.74	1.78	27,890	14%	1.57
	6-12	9,558	23%	0.06	1.66	1.72	56,970	10%	1.50
	13-18	12,407	33%	0.15	1.91	2.06	45,020	9%	1.58
	19-21	3,478	42%	0.36	2.55	2.90	31,720	9%	1.72
	22-44	33,836	33%	0.38	3.05	3.43	132,548	9%	1.92
	45-64	23,897	28%	0.28	3.18	3.46	59,446	16%	2.30
	65+	1,753	6%	0.19	2.13	2.31	16,494	3%	1.80
	All Ages	87,414	28%	0.27	2.70	2.97	478,926	10%	1.80

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
CALIFORNIA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	22,695	4%	384	14%	22,311	4%
4-5	9,482	5%	1,270	24%	8,212	4%
6-12	35,277	6%	16,456	40%	18,821	3%
13-18	24,631	5%	14,179	37%	10,452	2%
19-21	9,491	3%	3,957	48%	5,534	2%
22-44	152,595	9%	76,546	76%	76,049	5%
45-64	172,320	38%	72,266	85%	100,054	27%
65+	201,890	31%	22,725	77%	179,165	29%
All Ages	628,381	13%	207,783	67%	420,598	9%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
CALIFORNIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,565	36%	72%	23%	8%	2%	47%	8%
Major depression and affective psychoses	7,132	42%	25%	14%	7%	7%	28%	23%
Other psychoses	1,800	27%	51%	20%	5%	6%	33%	17%
Childhood psychoses	2,060	18%	28%	20%	1%	11%	22%	30%
Neurotic & other depressive disorders	19,092	21%	7%	10%	1%	5%	10%	39%
Personality disorders	296	17%	9%	10%	3%	8%	13%	46%
Other mental disorders	898	9%	7%	11%	0%	6%	7%	46%
Special symptoms or syndromes	3,712	10%	5%	10%	0%	3%	5%	54%
Stress & adjustment reactions	20,784	10%	4%	7%	0%	5%	6%	47%
Conduct disorders	8,138	14%	10%	9%	1%	9%	11%	39%
Emotional disturbances	8,513	12%	7%	8%	1%	10%	8%	41%
Hyperkinetic syndrome	20,912	19%	10%	10%	1%	53%	22%	19%
No Diagnosis	3	0%	0%	0%	0%	0%	0%	0%
Total	94,905	18%	11%	10%	1%	17%	14%	62%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
CALIFORNIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	51,480	42%	87%	43%	10%	0%	62%	4%
Major depression and affective psychoses	53,203	68%	42%	48%	11%	1%	59%	8%
Other psychoses	10,466	39%	69%	36%	4%	0%	50%	10%
Childhood psychoses	679	29%	51%	33%	5%	0%	38%	16%
Neurotic & other depressive disorders	46,042	59%	19%	41%	1%	0%	38%	18%
Personality disorders	870	50%	32%	36%	6%	1%	41%	20%
Other mental disorders	2,299	33%	25%	32%	2%	0%	28%	33%
Special symptoms or syndromes	6,766	39%	16%	34%	1%	0%	25%	33%
Stress & adjustment reactions	11,847	49%	19%	36%	1%	1%	33%	24%
Conduct disorders	1,971	33%	51%	36%	4%	1%	41%	17%
Emotional disturbances	78	22%	40%	33%	3%	0%	29%	23%
Hyperkinetic syndrome	474	41%	19%	26%	2%	28%	33%	23%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	186,175	54%	48%	42%	7%	0%	51%	20%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
CALIFORNIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	4,712	36%	87%	39%	5%	0%	56%	5%
Major depression and affective psychoses	7,652	69%	43%	53%	7%	0%	61%	8%
Other psychoses	4,327	33%	49%	29%	1%	0%	35%	27%
Childhood psychoses	61	36%	31%	20%	0%	0%	23%	34%
Neurotic & other depressive disorders	7,005	57%	22%	46%	1%	0%	40%	20%
Personality disorders	131	39%	39%	37%	2%	0%	35%	26%
Other mental disorders	2,529	26%	28%	29%	1%	0%	24%	38%
Special symptoms or syndromes	1,453	30%	13%	38%	0%	0%	20%	41%
Stress & adjustment reactions	1,309	45%	20%	42%	1%	0%	33%	29%
Conduct disorders	194	38%	61%	37%	1%	0%	46%	16%
Emotional disturbances	15	20%	27%	47%	0%	0%	27%	33%
Hyperkinetic syndrome	32	25%	13%	47%	0%	6%	31%	41%
No Diagnosis	4	25%	25%	0%	0%	0%	25%	25%
Total	29,424	48%	42%	42%	3%	0%	44%	23%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).